

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office
DATE/STAMPName of Candidate Eric PowellAddress 11 CR 173 Corinth, MS 38834Telephone 662-286-9953 Fax _____

Contact Name _____ Email _____

Office Sought Senate 04 Political Party Democrat☐ Check here if above is different from previous reportTYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 7,050.00 + \$ 1,700.00 = \$ 8,750.00	\$ 8,750.00	\$ 8,750.00
Total amount of disbursements	\$ 0 + \$ 1,200.00 = \$ 1,200.00	\$ 1,200.00	\$ 1,200.00
Total amount of cash on hand		\$ 8,954.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Eric PowellDate 1-31-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Eric Powell
 Reporting period Jan - 2010 through Dec 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11 / 16 / 10	\$ 500. ⁰⁰
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500. ⁰⁰
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$ 500. ⁰⁰
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500. ⁰⁰
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$ 500. ⁰⁰
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500. ⁰⁰
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$ 500. ⁰⁰
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500. ⁰⁰

Name of Candidate or Committee Eric PowellReporting period Jan - 2010 through December 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Atmo's Energy</u>		<u>10/17/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 650205</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>Dallas Tx 75265-0205</u>		<u>1/1/1</u>	\$
Name of Employer (Required)		<u>1/1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>AT&T</u>		<u>10/13/10</u>	\$ <u>500.00</u>
Mailing Address <u>32 Ave</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>New York, New York 10013-2410</u>		<u>1/1/1</u>	\$
Name of Employer (Required)		<u>1/1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>General Electric Company</u>		<u>1/1/1</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9544</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>Fort Myers FL 33906-9544</u>		<u>1/1/1</u>	\$
Name of Employer (Required)		<u>1/1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>FBS</u>		<u>1/1/1</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 441887</u>		<u>1/1/1</u>	\$
City, State, Zip Code <u>Houston TX 77244-1887</u>		<u>1/1/1</u>	\$
Name of Employer (Required)		<u>1/1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Eric Powell
 Reporting period Jan - 2010 through Dec - 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria Client Service</u>		<u>11/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>333 N. Point Center E. Alpharetta</u>		___/___/___	\$
City, State, Zip Code <u>Alpharetta Ga 30022</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grant Fox</u>		___/___/___	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 310</u>		___/___/___	\$
City, State, Zip Code <u>Brandon, MS 39043</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC Mississippi</u>		___/___/___	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39215-1640</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WB Consolidated</u>		___/___/___	\$ <u>300.00</u>
Mailing Address <u>770 Northwest St</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

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A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CFSA</u>	<u>10/15/10</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$ _____
City, State, Zip Code _____	___/___/___	\$ _____
Name of Employer (Required) _____	___/___/___	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Greg Beard</u>	<u>1/2/11</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$ _____
City, State, Zip Code _____	___/___/___	\$ _____
Name of Employer (Required) _____	___/___/___	\$ _____
Occupation (Required) <u>Atty.</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Phillip Whitehead</u>	<u>1/2/11</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$ _____
City, State, Zip Code _____	___/___/___	\$ _____
Name of Employer (Required) _____	___/___/___	\$ _____
Occupation (Required) <u>Atty.</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	___/___/___	\$ _____
Mailing Address _____	___/___/___	\$ _____
City, State, Zip Code _____	___/___/___	\$ _____
Name of Employer (Required) _____	___/___/___	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____